

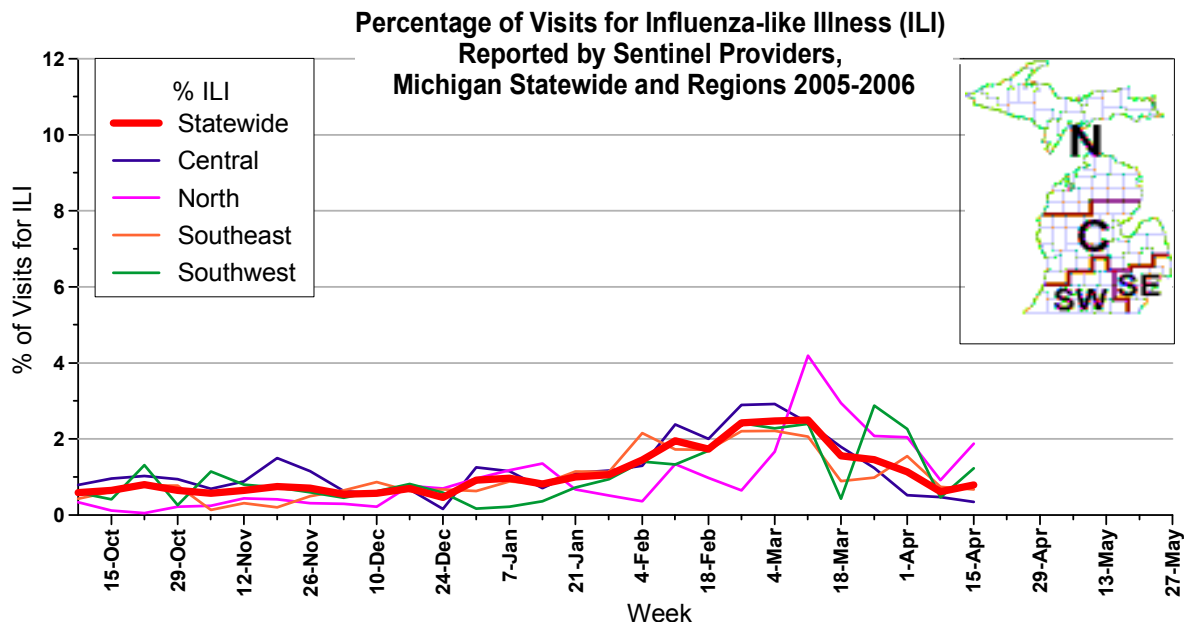
MIFluFocus
April 20, 2006
Weekly Influenza Surveillance

Michigan Disease Surveillance System: Flu-like illness activity for the most recent reporting week, as reported in MDSS, was roughly stable from the previous week. This level is substantially lower than those seen previously. The current reported flu-like illness activity is still higher than that seen from the same period in 2005.

Emergency Department Surveillance: Emergency department visits due to constitutional and respiratory complaints continue to decline. Compared to the same week last year, both indicators are roughly comparable. Over the past week, no statewide alerts were generated for either emergency department indicator.

Over-the-Counter Product Surveillance: Sales of all flu-related over-the-counter products show a continued decrease in flu-like illness activity. In particular, dramatic decreases have been seen in sales of chest rub, adult and pediatric cold relief, and thermometer sales. All other indicators were roughly stable or slightly decreased. Compared to the same period last year, sales of antifever medication, chest rubs, and thermometers are slightly increased, while the remaining indicators are the same or decreased.

Sentinel Surveillance (as of April 20, 2006): During the week ending April 15, 2006, the proportion of visits due to influenza-like illness (ILI) remained relatively unchanged from last week at 0.8% of all visits. The percentage of visits due to ILI by region was 0.3%, Central; 1.9%, North; 0.7%, Southeast; and 1.2%, Southwest.



Laboratory Surveillance (as of April 20, 2006): MDCH lab has confirmed 137 influenza cases in Michigan, 131 influenza A H3N2 and 6 influenza B cases. Three of these cases were confirmed this week: 2 A, H3N2; 1 B, all from Southeast Michigan. Submissions to the MDCH laboratory have dropped significantly in the past two weeks. All of the sentinel laboratories are now reporting only small numbers of influenza A positives; one laboratory in the North is reporting no positives this week. Two laboratories in southern Michigan are also reporting a small number of influenza B positives.

Influenza-Associated Pediatric Mortality (as of April 20, 2006; CDC data as of April 8): To date, MDCH is reporting one influenza-associated pediatric death in Region 2S. Two other possible reports remain under investigation. Since October 2, 2005, CDC has received reports of 20 influenza-associated during the current influenza season.

****Reminder:** The CDC has asked all states to continue to collect information on any pediatric death associated with influenza infection for the 2005-2006 influenza season. This includes not only death in a child less than 18 years of age resulting from a clinically compatible illness confirmed to be influenza by an appropriate laboratory or rapid diagnostic test, but also unexplained death with evidence of an infectious process in a child. Refer to http://www.michigan.gov/documents/fluletter_107562_7.pdf for the complete protocol. It is important to immediately call or fax information to MDCH to ensure that appropriate clinical specimens can be obtained.

Congregate Settings Outbreaks (as of April 20, 2006): No reports were received during the past reporting week. A total of two congregate setting outbreaks have been reported to MDCH this season so far; one in the southwest and one in the southeast. The MDCH laboratory confirmed both outbreaks were due to influenza A (H3N2).

National: Week 14 (April 2 – April 8, 2006) Influenza activity continued to decrease in the United States. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) was below the national baseline. The proportion of deaths attributed to pneumonia and influenza was below the baseline level. Ten states reported widespread influenza activity; 10 states reported regional influenza activity; 15 states, New York City, and the District of Columbia reported local influenza activity; 14 states and Puerto Rico reported sporadic influenza activity; and one state reported no activity.

International: (WHO, April 12) Except a few eastern European countries, where influenza activity increased and was reported as widespread during weeks 12–13, overall influenza activity remained moderate to low with an observation of slight decline in most parts of the northern hemisphere.

MDCH continues to report **LOCAL** activity to the CDC for this past week ending 4/15/2006

End of Seasonal Report

Avian Influenza Activity:

WHO Pandemic Phase: Human infection(s) with a new subtype, but no human-to-human spread.

PHASE 3

Table 1. H5N1 influenza-avian (Poultry outbreaks March 31): downloaded 4/20/2006

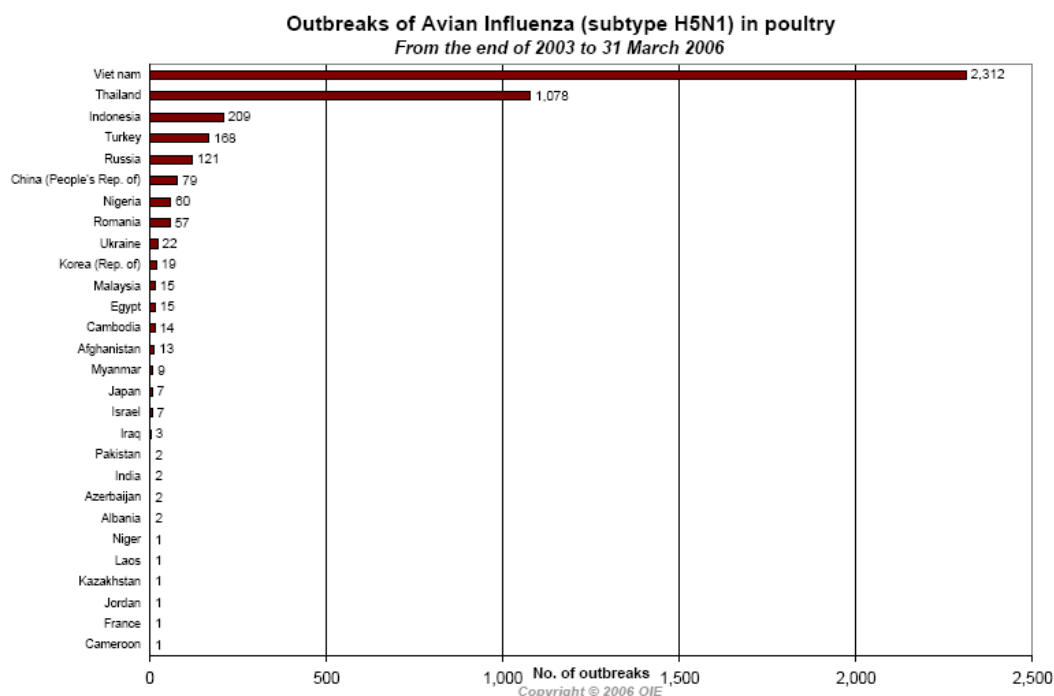


Table 2. H5N1 influenza-human: (April 19, 2006) (Source: Downloaded 4/20/06

http://www.who.int/csr/disease/avian_influenza/country/cases)

Country	2003		2004		2005		2006		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	8	5	8	5
Cambodia	0	0	0	0	4	4	2	2	6	6
China	0	0	0	0	8	5	9	6	17	11
Egypt	0	0	0	0	0	0	4	2	4	2
Indonesia	0	0	0	0	17	11	15	13	32	24
Iraq	0	0	0	0	0	0	2	2	2	2
Thailand	0	0	17	12	5	2	0	0	22	14
Turkey	0	0	0	0	0	0	12	4	12	4
Viet Nam	3	3	29	20	61	19	0	0	93	42
Total	3	3	46	32	95	41	52	34	196	110

Cumulative Number of Confirmed Human Cases of Avian Influenza A/(H5N1) Reported to WHO
April 19, 2006- Total number of cases includes number of deaths.
WHO reports only laboratory-confirmed cases.